- SS-8011

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Page 2 of 3 TOTAL AGGREGATE LOBBYIST COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-301(7) as "... any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment." State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301). Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.) ☐ Less than \$10,000 At least \$10,000 but less than \$25,000 ☐ At least \$25,000 but less than \$50,000 ☐ At least \$50,000 but less than \$100,000 ☐ At least \$100,000 but less than \$150,000 ☐ At least \$150,000 but less than \$200,000 ☐ At least \$200,000 but less than \$250,000 At least \$250,000 but less than \$300,000 ☐ At least \$300,000 but less than \$350,000 ☐ At least \$350,000 but less than \$400,000 If the aggregate total amount is \$400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars (\$50,000): LOBBYIST NAMES. List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. Authority: T.C.A. § 3-6-303(a)(1). LOBBYIST NAME IN-HOUSE LOBBYIST 7. LOBBYING-RELATED EXPENDITURES NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states. Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action in the State of Tennessee. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying. Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.) Less than \$10,000 ☐ At least \$10,000 but less than \$25,000 ☐ At least \$25,000 but less than \$50,000 At least \$50,000 but less than \$100,000 At least \$100,000 but less than \$150,000 ☐ At least \$150,000 but less than \$200,000 At least \$200,000 but less than \$250,000 ☐ At least \$250,000 but less than \$300,000 ☐ At least \$300,000 but less than \$350,000 ☐ At least \$350,000 but less than \$400,000 [] If the aggregate total amount is \$400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars (\$50,000): tilter og hans som er

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8.	AGGREGATE TOTAL OF ALL IN-STATE EVENTS	
State t	he aggregate total amount of all employer expenditures for all in-State even ad to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A.	t(s) which was or should have been § 3-6-303(a)(3).
9.	TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)	
best of	I certify that the information contained in this Report is true and that it is a my knowledge, information and belief.	complete and accurate report to the
	Douglasto Care	5-29-07
Signati Print N	ure of Person Completing Report ame of Person: DOUGLAS W. CARR	Date
accura	I, the undersigned, acknowledge that I have reviewed the foregoing Reporte to the best of my knowledge, information and belief.	ort and certify that is complete and
	Duefahr Can	5-29-07
Signate Print N	ure of CEO, CFO or Authorized Representative ame of Person: DOUGLAS W. CARA	Date
1, <u>M</u>	the undersigned, do hereby witness the about (Printed Name of Witness) CFO or Authorized Representative, which	ove signature of the CEO, was signed in my presence.
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